



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KINDRED HOSPITAL NORTHWEST INDIANA

City of Hospital: HAMMOND

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Christy Henrich

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Medicare Provider Number: 152012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$88912969
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$88912969

2. Deductions From Revenue

Contractual Allowance	\$63728020
Other Deductions	\$0
Total Deductions	\$63728020

3. Total Operating Revenue

Net Patient Service Revenue	\$25184949
Other Operating Revenue	\$43342
Total Operating Revenue	\$25228291

4. Operating Expenses

Salaries and Wages	\$8608544	Employee Benefits	\$1182961
Depreciation and Amortization	\$196174	Interest Expense	\$30
Bad Debt	\$0	Other Expenses	\$11282639
Total Operating Expenses	\$21270348		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3957942	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0

Total Net Gains	\$3957942
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$62881708	\$46607844	\$16273864
Medicaid	\$853089	\$779806	\$73283
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25178172	\$16020023	\$9158149
Total	\$88912969	\$63407673	\$25505296

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments